

[Hong Kong Customs seizes suspected cocaine \(with photo\)](#)

Hong Kong Customs yesterday (October 6) seized about 2.1 kilograms of suspected cocaine with an estimated market value of about \$2.2 million at Hong Kong International Airport.

A male passenger arrived in Hong Kong from Panama via Netherlands yesterday. Upon examination of his hand-carry rucksack, Customs officers found the suspected cocaine concealed inside false compartments of the rucksack. The 63-year-old man was then arrested.

Investigation is ongoing.

Under the Dangerous Drugs Ordinance, trafficking in a dangerous drug is a serious offence. The maximum penalty upon conviction is a fine of \$5 million and life imprisonment.

Members of the public may report any suspected drug trafficking activities to the Customs 24-hour hotline 2545 6182 or its dedicated crime-reporting email account (crimereport@customs.gov.hk).



[Missing man in Sau Mau Ping located](#)

A man who went missing in Sau Mau Ping was located.

Cheung Shun-king, aged 77, went missing after he left his residence in Upper Ngau Tau Kok Estate on October 4 morning. His family made a report to

Police on the same day.

The man was located on How Ming Street in Kwun Tong this morning (October 7). He sustained no injuries and no suspicious circumstances were detected.

Suspected MERS case reported

The Centre for Health Protection (CHP) of the Department of Health today (October 7) reported a suspected case of Middle East Respiratory Syndrome (MERS), and again urged the public to pay special attention to safety during travel, taking due consideration of the health risks in the places of visit. The case is detailed below:

Sex	Female
Age	70
Affected area involved	Kingdom of Saudi Arabi
High-risk exposure	Had direct contact with camel
Hospital	Queen Mary Hospital
Condition	Stable
MERS-Coronavirus preliminary test result	Pending

"Travellers to the Middle East should avoid going to farms, barns or markets with camels; avoid contact with sick persons and animals, especially camels, birds or poultry; and avoid unnecessary visits to healthcare facilities. We strongly advise travel agents organising tours to the Middle East to abstain from arranging camel rides and activities involving direct contact with camels, which are known risk factors for acquiring MERS Coronavirus (MERS-CoV)," a spokesman for the CHP said.

Locally, the CHP's surveillance with public and private hospitals, with practising doctors and at boundary control points is firmly in place. Inbound travellers and members of the public who recently visited the Middle East and developed fever or lower respiratory symptoms within 14 days will be classified as suspected MERS cases. They will be taken to public hospitals for isolation and management until their specimens test negative for MERS-CoV.

Travellers to affected areas should maintain vigilance, adopt appropriate health precautions and take heed of personal, food and environmental hygiene. The public may visit the MERS pages of the [CHP](#) and its [Travel Health Service](#), MERS statistics in [affected areas](#), the CHP's [Facebook Page](#) and [YouTube Channel](#), and the World Health Organization's [latest news](#) for more information and health advice. Tour leaders and tour guides operating overseas tours are advised to refer to the CHP's [health advice on MERS](#).

[UCH announces a paediatric case](#)

The following is issued on behalf of the Hospital Authority:

The spokesperson for United Christian Hospital (UCH) made the following announcement today (October 7) on a paediatric case:

A 50-day-old baby girl was brought to Accident and Emergency Department of United Christian Hospital (UCH) due to poor feeding and shortness of breath at 9.45am on October 5. The baby was admitted to General Paediatric Ward. After she was admitted, echocardiogram was performed and it showed enlarged heart, dilated left ventricle and severe mitral insufficiency. She was then transferred to Paediatric Intensive Care Unit (PICU) for further management immediately. Since initial diagnosis of congestive heart failure was made, patient was started on ventilator support and arterial line was set for blood pressure monitoring.

On the same day at around 11.40am, patient developed supraventricular tachycardia which resolved spontaneously. However, the baby girl developed supraventricular tachycardia again and her heart rate was noted to be reach 280 beats per minute at around 1pm. The doctor gave drug treatment intravenously but her situation persisted. So, the doctor performed direct current cardioversion and because the patient developed ventricular tachycardia and ventricular fibrillation, she was also treated with defibrillation and cardiopulmonary resuscitation. Sinus rhythm was returned after resuscitation. Endotracheal tube was inserted to assist patient's breathing.

Repeated echocardiogram was performed at 2.50pm and showed dilated left atrium and left ventricle, deterioration of contractility of left ventricle. Blood results showed that the patient's troponin T level was markedly elevated which were highly suggestive of myocarditis with severe heart failure and arrhythmias. The doctor consulted Department of Paediatric Cardiology of Queen Mary Hospital (QMH) at around 3pm for further management including the use of Extracorporeal Membrane Oxygenation (ECMO) machine. QMH agreed to take over the patient.

While pending hospital transfer, the patient developed another episode of arrhythmia including supraventricular tachycardia, ventricular tachycardia and ventricular fibrillation at around 3.30pm. The doctor immediately performed direct current cardioversion, defibrillation and drug treatment as well as cardiopulmonary resuscitation. After resuscitation and treatment, sinus rhythm was returned again. The patient was escorted by two doctors and two nurses to QMH at 4.54pm.

While the doctor reviewed the electrocardiography and defibrillation resuscitation records, it was noted that synchronisation mode was not turned on during direct current cardioversion although defibrillation procedures were carried out appropriately.

The hospital met with the patient's family today to explain the case in details and expressed our apology for not turning on the synchronisation mode during direct current cardioversion. The hospital is very concerned about this case and will keep close contact with patient's family and provide them with all the necessary assistance. The patient is currently in the ICU of Department of Paediatric Cardiology of QMH. She is put on ECMO machine and now in critical condition.

The hospital has reported the incident to Hospital Authority Head Office via the Advance Incident Reporting System. An investigation panel will be formed to review the case and give recommendations.

[Speech by CS at opening ceremony of Jockey Club Online Youth Emotional Support Programme \(with photos/video\)](#)

Following is the speech by the Chief Secretary for Administration, Mr Matthew Cheung Kin-chung, at the opening ceremony of Jockey Club Online Youth Emotional Support Programme today (October 7):

Allow me to say a few words in English. I just want to pay a warm tribute, first of all, to Hong Kong Jockey Club. I also applaud to the University of Hong Kong and Paul's very reliable, efficient and highly respected research and suicide prevention centre. You've got a very good track record of the year. And also the other three NGOs: Caritas Hong Kong, Boys' & Girls' Clubs Association of Hong Kong as well as Hong Kong Federation of Youth Groups.

This is the most formidable alliance in the world in providing support for vulnerable children facing suicidal risks. And also this is a reflection

of tripartite cooperation between academia, Hong Kong Jockey Club which represents both the private and charity businesses, the philanthropy sector as well as NGOs. So this is a very strong alliance with the Government of course playing a co-ordinating role behind the scene.

But the whole idea of this project emerged several years ago because of the spate of youth suicides. Cheung Leong was sitting next to me at an event one day and said, "Matthew, what are we going to do, we can't let it continue." And I said, "If the Government is prepared to co-ordinate and match-make you with other relevant parties, would you prepare to disperse funds?" So here we are, HK\$59.21 million support from the Hong Kong Jockey Club is a substantial amount. And that really provides the fuel for whole project to take off.

The Government also attaches great importance to the well-being of young people. We rank youth development very high on our policy agenda. I am responsible for a series of new outfits especially tasked to promote the well-being of young people.

I look after Hong Kong's first ever Children's Commission for those from 0 to 18 years old. I also chair the elevated, formerly known as the Commission on Youth, now called Youth Development Commission for youth from 19 to 35 years old. I also chair a steering committee for ethnic minorities because they are a very important component to the whole community. I have a meeting yesterday with 45 of them just before the Policy Address coming out this Wednesday. I also look after a new outfit called Human Resources Commission. The whole idea is to make sure that we're fostering upward mobility for young people as well as matters related to their future career and more. A lot of problems could emerge from pressure and frustration during career development and related challenges.

But cut a long story short. We need to work close together, join hands to stop every single youth suicide since every youth counts in Hong Kong. So on that, I thank the University of Hong Kong. I thank Hong Kong Jockey Club and I thank everybody, the three NGOs, and thank you for joining this important event and lending us your support. Let's keep suicide away from young people, and from now on zero tolerance towards youth suicide. Thank you very much.

